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INFANT FEEDING—ANCIENT AND MODERN.

It is a curious fact that until the beginning of the eighteenth century there was no systematic practice of artificial feeding of any sort for babies. If the natural food of the mother was not available, a wet nurse was procured when possible, and if one was not to be had, it is to be supposed that the child died. The period of suckling was then longer than is the custom now; the golden rule was that the child should have cut all its teeth before it was weaned. There was no intermediate stage, when the mother's milk was supplemented by cow's milk, for our ancestors had a prejudice against its use for babies, believing that it frequently set up serious illness. And there is little doubt that they had ground for their belief, when we remember the insanitary state of their houses, and the impossibility of keeping milk sweet in undrained, uncleansed dwellings. Erasmus, describing the houses of Tudor England, remarks upon the rush-strewn floors, beneath which covering of rushes lay untouched from year to year ancient collections of decayed fish and other food, beer, and even more disgusting refuse.

The mortality among infants was, of course, very great, almost incredible to our modern ideas. Dr. David Forsyth, of London, who has published a very interesting pamphlet on the subject of infant feeding, states that in the middle of the seventeenth century it sometimes happened that half the births of a year were wiped out by infantile disease. Rickets claimed a heavy toll, and not only from among the poorer and more ignorant classes, as may be seen from an extract from a letter written by the wife of Sir Harry Verney to her husband in the 17th century: "I must give thee some account of our babyes heare. For Jack his legs are most miserable, crooked as ever I saw any child's, and yett thank god he goes strongly, and is very strayte in his body, as any child can bee, and is a very fine child all but his legges." Want of personal cleanliness was universal. Queen Elizabeth is said to have had a bath twice a year, and always with a physician within call. How, then, should the child be unwrapped from its swathes, rollers and bands, to undergo such a venturous treatment once or twice a day? Perhaps the wonder is that any baby survived, rather than that so many died.

A little book published in 1756 by James Nelson, apothecary, treats to some extent of the diet of young children, and says: "Let children, after the first year, wash down their victuals with light clear small beer," and a German writer, less than 100 years ago, recommends for a newly weaned child a mixture of the yolks of eggs and beer to be taken several times a day. The first artificial food that seems to have occurred to our forefathers for babies was bread pap, not even sweetened, and it was a notable step when Lisbon sugar was allowed to be added to this unappetizing diet.

A little later it began to be the fashion to employ wet nurses. This again led to a terrible mortality among the children, mostly illegitimate, of the foster-mothers, as they were always put out to nurse, and generally with someone whose interest it was to let them die. (There is a horrible story of a note in a parish record against the name of a woman who is recommended as an "excellent killing nurse.") In the Paris Foundling Hospital, between the years 1771 and 1796, only 80 per cent. of the children lived to be a year old, and even worse was their case in the Dublin Hospital, where only 45 children survived of 10,272 who were admitted during 21 years. It was noticed, however, in London, that the mortality among hand-fed children was three times greater than that of breast-fed. The actual difficulties of feeding an infant with a horn spoon or a cup were great enough, and in addition there was little idea of suitable food, and perhaps none at all of the need for clean milk and clean utensils.

At last it entered into the head of some unknown benefactor of the human race that it might be possible to feed babies successfully with cow's milk administered in something that the child could suck at. A cow's horn suggested itself as being suitable, and accordingly a small horn was furnished at the end with a sort of small glove tip, made of two pieces of parchment, and the child contrived to suck through the stitches which connected them. The opportunities for the accumulation of decomposed milk can be imagined, and it is not surprising that a physician of the time says that any child brought up on it was "in danger of falling into the watery gripes."

However, this was a beginning, and the next step was to have a glass horn which might be fitted with a prepared cow's teat. The teat had a way of collapsing as soon as the child began to suck, and to prevent this a piece of sponge was put inside it. The idea was excusable, but what better breeding place for germs could have been devised?

In the middle of the last century much ingenuity was expended on improving both bottles and mouthpieces, and teats of bone, wood, metal and India rubber were tried. But it was found that the latter, on account of the manner in which it was prepared, had a taste so unpleasant that the child would not suck from it. A French bottle, called a "biberon," had a certain vogue and was an improvement in regard to the tube and mouthpiece. A curious advantage claimed for it was that it might "be worn by the female in the position of the breast," and would thus keep warm night and day. Germs again! By the year 1884, or thereabouts, the child was provided with a fairly useful bottle, much resembling that in use now, with the important exception that a long tube, now happily on its way to be abolished, was used in it.

Still the question of the food to be given in the bottle was by no means decided. Should the milk be diluted or plain? And if diluted, in what proportions? How often should the child be fed, and with how much at a time? These details are now to be found in every textbook of nursing, but sixty years ago they were still being debated, with regard to the amount, frequency and temperature. Till lately the general practice was to give cow's milk diluted according to the age of the child, some authorities preferring to boil it. It is to be remarked that now the fashion is to give undiluted milk,

even to very young infants, and to sterilize it rather than boil it. And who can forecast the next development of infant feeding, which has gained ground so enormously in the last half century?

MARY N. OXFORD.

Bristol, England.

THE FAITH THAT HEALS.

By William Osler, M.D., F.R.S., Regius Professor of Medicine, Oxford University.

Nothing in life is more wonderful than faith—the one great moving force which we can neither weigh in the balance nor test in the crucible. Intangible as the ether, ineluctable as gravitation, the radium of the moral and mental spheres, mysterious, indefinable, known only by its effects, faith pours out an unfailing stream of energy while abating nor jot nor tittle of its potency. Well indeed did St. Paul break out into the well-known glorious panegyric, but even this scarcely does justice to the Hertha of the psychical world, distributing force as from a great storage battery, without money and without price, to the children of men.

Three of its relations concern us here. The most active manifestations are in the countless affiliations which man in his evolution has worked out with the unseen, with the invisible powers, whether of light or of darkness, to which from time immemorial he has erected altars and shrines. To each one of the religions, past or present, faith has been the Jacob's ladder. Creeds pass; an inexhaustible supply of faith remains, with which man proceeds to rebuild temples, churches, chapels and shrines. As Swinburne says in that wonderful poem, "The Altar of Righteousness":

God by God flits past in thunder, till His glories turn to shades;
God to God bears wondering witness how His gospel flames and fades.
More was each of these, yet they were, than man their servant seemed:
Dead are all of these, and man survives who made them while he dreamed.

And all this has been done by faith, and faith alone. Christendom lives on it, and countless thousands are happy in the possession of that most touching of all confessions, "Lord! I believe; help thou my unbelief." But, with its Greek infection, the Western mind is a poor transmitter of faith, the apotheosis of which must be sought in the religions of the East. The Nemesis of faith is that neither in its intensity nor in its effect does man find any warrant of the worthiness of the object on which it is lavished—the followers of Joe Smith, the Mormon, are as earnest and believing as are those of Confucius!

Again, faith is the cement which binds man to man in every relation in life. Without faith in the editor of the Journal, I would not have accepted his invitation to write this brief note, and he had confidence that I would not write rubbish. Personally, I have battened on it these thirty-six years, ever since the McGill Medical Faculty gave me my first mount. I have had faith in the profession, the most unbounded of humanity; and one of the special satisfactions of my life has been that my brethren have in many practical ways shown faith in me, often much more than (as I know in my heart of hearts) I have deserved. I take this illustration of the practical value of faith that

worketh confidence, but there is not a human relationship which could not be used for the same purpose.

And a third aspect is one of very great importance to the question in hand —a man must have faith in himself to be of any use in the world. There may be very little on which to base it—no matter; but faith in one's powers, in one's mission, is essential to success. Confidence once won, the rest follows naturally; and with a strong faith in himself a man becomes a local centre for its radiation. St. Francis, St. Theresa, Ignatius Loyola, Florence Nightingale, the originator of every cult or sect or profession has possessed this infective faith. And in the ordinary everyday work of the doctor confidence, assurance (in the proper sense of the word) is an asset without which it is very difficult to succeed. How often does on hear the remark, "Oh! he does not inspire confidence," or the reverse! How true it is, as wise old Burton says: "That the patient must have a sure hope in his physician. Damascen, the Arabian, requires likewise in the physician himself that he be confident he can cure him, otherwise his physic will not be effectual; and promise withal that he will certainly help him, make him believe so at least. Galeottus gives this reason because the form of health is contained in the physician's mind, and as Galen holds confidence and hope to be more good than physic, he cures most in whom most are confident;" and he quotes Paracelsus to the effect that Hippocrates was so fortunate in his cures not from any extraordinary skill, but because "the common people had a most strong conceit of his worth."

Faith is indeed one of the miracles of human nature which science is as ready to accept as it is to study its marvellous effects. When we realize how vast it has been in history, the part which it has played in the healing art seems insignificant, and yet there is no department of knowledge more favorable to an impartial study of its effects; and this brings me to my subject—the faith that heals.

Apart from the more specific methods to be dealt with, faith has always been an esential factor in the practice of medicine, as illustrated by the quotations just given from Burton. Literature is full of examples of remarkable cures through the influence of the imagination, which is only an active phase of faith. The late Daniel Tuke's book, "The Influence of the Mind on the Body," is a storehouse of facts dealing with the subject. While in general use for centuries, one good result of the recent development of mental healing has been to call attention to its great value as a measure to be carefully and scientifically applied in suitable cases. My experience has been that of the unconscious rather than the deliberate faith healer. Phenomenal, even what could be called miraculous, cures are not very uncommon. Like others, I have had cases any one of which, under suitable conditions, could have been worthy of a shrine or made the germ of a pilgrimage. For more than ten years a girl lay paralyzed in a New Jersey town. A devoted mother and loving sisters had worn out lives in her service. She had never been out of bed unless when lifted by one of her physicians, Dr. Longsreth and Dr. Shippen. The new surroundings of a hospital, with the positive assurance that she could get well with a few simple measures sufficed, and within a fortnight she walked round the hospital square. This is a type of modern miracle that makes one appre-

ciate how readily well-meaning people may be deceived as to the true nature of the cure effected at the shrine of a saint. Who could deny the miracle? And miracle it was, but not brought about by any supernatural means. I had the good fortune to be associated for five years with Weir Mitchell, and saw much of the workings of that master mind on the Sisters of Sir Galahad and the Brothers of Sir Perceivale, who flocked to his clinics. His extraordinary success, partly due to the rest treatment, was more largely the result of a personal factor—the deep faith the people had in his power to cure. And it is in this group particularly that the strong man, armed with good sense, and with faith in himself, may be a power for good. And the associations count for much. Without any special skill in these cases, or special methods, our results at the Johns Hopkins Hospital were most gratifying. Faith in St. Johns Hopkins, as we used to call him, an atmosphere of optimism, and cheerful nurses, worked just the same sort of cures as did Aesculapius at Epidaurus; and I really believe that had we had in hand that arch-neurasthenic of ancient history, Aelius Aristides, we could have made a more rapid cure than did Apollo and his son, who took seventeen years at the job!

Outside the profession, faith has always played a strong role as a popular measure of cure. There are at present four plans, all of which illustrate phases of an old-time practice.

1. In England a small sect, the Peculiar People, carry out a consistent gospel system of faith healing. A pious, simple folk, only heard of when in collision with the law of the land, they base their belief on the plain sayings of Scripture, "Whatsoever ye shall ask in My name," etc. The prayer of faith is all they need, and in consequence, when one of their number dies there is an inquest, and someone is sent to prison for criminal negligence. One of the recent cases was very pathetic, as both father and mother expressed the most touching confidence that what God willed was best for their child with scarlet fever, and what they asked in prayer would be granted. This primitive Christian attitude towards disease has never lacked adherents in the church, and mediaeval literature is full of illustrations of a practice identical with that of the Peculiar People.

2. The Christian Church began with a mission to the whole man—body as well as soul—and the apostolic ministry of health has never been wholly abandoned. Through the Middle Ages the priests had care of the sick; many of the most distinguished physicians were in holy orders, and even after the Reformation in this country, much of the ordinary medical practice was in the hands of the clergy. But the most characteristic development of Chritsian faith healing has been in connection with certain saints and shrines. The early church found the popular belief in Aesculapius so deeply engrained that many rites of the temples were deliberately adopted, such as incubation and the practice of votive offerings. The temple sleep, in which methods of cure were suggested in dreams, was continued until recent times, and indeed has not yet been abandoned. Certain saints had special powers—St. Cosmos and St. Damian became the patrons of surgery; St. Antony and St. Vitus had well-known virtues. Belief in the healing power of relics became universal. The Reformation made a small section hostile, but a large majority of all Christians still

believe strongly in the power of the saints to cure disease. The votive offerings which cover the walls of many Catholic churches on the Continent, accompanied with grateful inscriptions, are modern counterparts of the old practice in the Aesculapian temples. Miracles are still as common as blackberries, and new saints and new shrines are in active manufacture. The process may be studied in the history of Bernadette Soubirous, the 14-year-old ecstatic, who fifty years ago had visions of the Virgin at Lourdes, now the most popular faith resort in Europe. The cures are often genuine, and the miracles are of the same kind and as well attested as are those of Epidaurus. More people, it is said, frequent Lourdes than all the hospitals of France, and the same is true in Canada of the most popular shrine of the New World—St. Anne de Beaupre. In the English-speaking world and in Germany, faith has been chilled by the Reformation, and even among Catholics this mode of healing is not much in favor. I do not know of a single popular shrine in the United States, the country of all others in which Roman Catholicism presents the most rapid development. In England there has not been an active medical saint for 300 years.

3. History repeats itself, and we are to-day deep in the throes of an intellectual change quite as striking as that which came over the Graeco-Roman world when disebelief in the gods, started by the philosophers, filtered into common life. Men sought other resting places—some with Zeno and the Stoics, others with Epicurus, while thousands remained in the misty mid-region of uncertainty. The cults which had ministered to the religious wants gradually lost their hold on the people, while the new sects appealed chiefly to the intellectuals. Christianity came, and, winning its way from below upwards, swept away many cults, absorbed others, and gradually destroyed the sects. Once again old beliefs are in the melting pot. Modernism, the culmination of the spirit of the Renaissance, has changed the fundamental aspects of humanity, and the new wine in the old bottles has had the usual effect. A great gulf has been opened between pastor and flock, and the shepherdless sheep at large upon the mountains have been at the mercy of anyone who could pipe new tunes. One result of this intellectual and spiritual unrest is of great practical interest to us as physicians, and of still greater interest to all students of psychology. A new cult has arisen, attractive and aggressive, unlike in many ways anything hitherto seen. It was only natural (and the punishment fits the crime!) that such a cult should come from the United States, the country which possesses a larger number of separate sects than any other in the world. That the founder should be a woman profoundly ignorant of theology and of science, without, indeed, a single bond between the professors of the one or the practice of the others, was in itself a favoring element. A disciple of an American Spiritualist, Mrs. Eddy had one strong conviction—the paramount importance of the things of the spirit. Never before in a history surcharged with examples of credulity has so monstrously puerile a belief been exploited. To deny the existence of disease, to deny the reality of pain, to disregard all physical measures of relief, to sweep away in a spiritual ecstacy the accumulated wisdom of centuries in a return to Oriental mysticism—these, indeed, expressed a revolt from the materialism of the

latter half of the nineteenth century at once weird, perhaps not unexpected, and, to a student of human nature, just a bit comic. One cannot but smile to think that this has happened at the very time when the Goddess of Reason was priding herself on the brilliancy of the accomplishments of her devotees! It is, indeed, a salutary lesson in humility, and serves to remind us that our deliciously credulous human nature is still plastic and receptive. To some a sign of decadence, to me the growth of Christian Science and of Mormonism is among the hopeful indications that we are in the childhood of the race. Only in the welter of a new world, untrammelled by a past and by regard for authority, among a people too much absorbed in business to work out for themselves any mental salvation, could such a chaotic mass of rubbish have had any measure of successful acceptance. And, as I said, the punishment fits the crime. For generations the people of the United States have indulged in an orgie of drugging. Between polypharmacy in the profession and quack medicines, the American body had become saturated ad nauseum, and here indeed, was a boon even greater than homeopathy! No wonder the American spirit, unquiet in a drug-soaked body, rose with joy at a new Evangel. In every country there were dyspeptics and neurasthenics in sufficient numbers to demonstrate the efficacy of the new gospel! But the real secret of the growth of Christian Science does not lie in the refusal of physical measures of relief or the efficacy of prayer, but in offering to people a way of life, a new Epicureanism which promises to free the soul (and body) from fear, care and unrest; and its real lever is the optimism which discounts the worries of the daily round. It has done the profession good in awakening an interest in a too-much-neglected section of rational therapeutics. The tragic side of the story lies in the valuable lives sacrificed to the fanatical ignorance of so-called healers. The miracles of Christian Science are the faith cures which we all know so well. They are exclusively in the realm of functional disorders. I have not met with any case of organic disease permanently cured. I know of reputed cures of locomotor ataxia; two of these patients still take opium for the lightning pains.

4. And, lastly, there has arisen in the United States a form of faith healing known as the "Emmanuel Church Movement," which originated in Boston with the Rev. Dr. Worcester, an able and distinguished clergyman of the Episcopal Church, who had had a good training in psychology under Fechner at Leipzig. Curiously, the idea arose out of the success which had attended the organization among the members of his church of classes for the home treatment of tuberculosis by my friend and former pupil, Dr. J. H. Pratt. It was suggested that the church might undertake the treatment of nervous troubles by mental and spiritual agencies. As the Rev. Lyman Powell says: "The only magic known in the Emmanuel movement is the magic of a mind surcharged with faith, and operative within bounds set by the scientific doctor." Here, again, the success will depend in the individual character of the man conducting the movement. The class organization, the association with church services, and the confidence inspired by the co-operation of pastor and doctor have been favoring features. Only in existence for a few years, it is impossible to say what the future has in store, but it is an honest attempt to

bring back that angelical conjunction, as Cotton Mather calls it, of physic with divinity.

Briefly stated, this is the status of the faith problem in medicine to-day. Others will analyze its workings, the relation to suggestion, to the subconscious self, etc. Not a psychologist, but an ordinary clinical physician concerned in making strong the weak in mind and body, the whole subject is of intense interest to me. I feel that our attitude as a profession should not be hostile, and we must scan gently our brother man and sister woman who may be carried away in the winds of new doctrine. A group of active, earnest, capable young men are at work on the problem, which is of their generation and for them to solve. The angel of Bethesda is at the pool—it behooves us to jump in!—British Medical Journal.

THE COUNCIL OF WOMEN, ITS AIMS AND OBJECTS.*

How can it benefit the Nurses' Alumnae Association?

How can they help in it?

1. The International Council of Women is a federation of National Councils—unions of women formed in the various countries for the promotion of unity and mutual understanding between all associations of women working for the common welfare of the community.

2. The preamble to the Constitution indicates the chief bond of union which unites its members and is as follows:—"We, women of all nations, sincerely believing that the best good of humanity will be advanced by greater unity of thought, sympathy and purpose, and as an organized movement of women will best conserve the highest good of the family and state, do hereby band ourselves together in a confederation of workers to further the application of the golden rule to society, custom and law."

3. The objects of the International Council are:—1st, to provide a means of communication between women's organizations throughout all countries. 2nd, to provide opportunities for women from all parts of the world to meet together and to confer upon questions relating to the welfare of the family and commonwealth.

(It is always to be remembered that this International Council is organized in the interests of no one propaganda, has no power over its members beyond that of suggestion or sympathy, so no National Council voting to become a member of the International Council shall render itself liable to be interfered with in respect to its organic unity, independence or methods of work, nor shall it be committed to any principle or method of any other Council or to any utterance or act of the International Council beyond compliance with the terms of its Constitution.)

4. The organization of the International Council is due to a company of earnest American women, who, after consulting friends in England and France, decided to convene a representative assembly of all countries possible at Washington in 1888 to consider the possibility of organizing International and National Councils of Women, and elected Mrs. Fawcett its first

*Address to the Alumnae Association, Victoria Hospital, London, Ont.

President, Miss Clara Barton of Red Cross fame its first Vice-President, and Mrs. Foster Avery its Corresponding Secretary. On the same occasion the National Council was formed with Miss Frances Willard as President. For five years after its inception the International Council did not make any definite forward move, but in 1893 the first Quinquennnial Meeting was held in Chicago during the World's Fair. There were present there thirty duly accredited representatives of foreign countries who returned to their countries pledged to form National Councils in harmony with the International and which in time should form part of that body. There are now twenty-seven countries having National Councils.

5. In answer to the query, Has the Council of Women been productive of good? the answer is best given as follows:—In promoting mutual understanding and charity between adherents of essentially different faiths, races and parties, and providing a centre around which all who desire to labor for the good of humanity can unite for the common cause.

(And here let me remark that surely no one body has it in their power to do more for the common cause and good of humanity than the Nurses' Alumnae—opportunities are given nurses unavailable to many others.)

a. They collected and spread correct information about women's work, its needs and opportunities.

b. Prevented the over-lapping and multiplication of organizations for kindred causes.

c. Have given women workers the opportunity of widening their knowledge and increasing their faith and charity by interchange of views and personal touch with other workers whom otherwise they would not have met.

d. Through united and representative influence Local and National Councils have been able to help local, municipal and legislative bodies to effect much in their reform and administration of the various laws concerning women, children and the home.

What has it done? How has it justified its existence? I cannot go into full details, as time will not permit, but will outline a portion of what has been done. It has become an influential body to make representations to the Government, both federal, provincial and municipal, and its services have frequently been sought by these bodies to assist in their various works, such as laws for the better protection of women and children, amelioration of the conditions under which working women carry on their labors, advancement of the various branches of educational work, the preparation of the "Handbook" which was so useful at the Paris Exhibitions, management of the Women's Department at agricultural and other exhibitions, assisting in the building and equipping of hospitals, the appointment of women on the boards of these, better provision for the care of the aged and infirm poor. It is fully recognized as an efficient body for disseminating information and arousing interest on many very important questions, as the reports abundantly testify, and the Councils of Women are now recognized as a strong power for good in the land, a common meeting-ground for consultation and organized effort; an army, not a battalion only, and so better able to conquer difficulties.

1. It took the initiative steps toward the tuberculosis crusade (though this no doubt has been forgotten).

2. Prohibited expectoration on streets and in all public places and conveyances.

3. Proper protection of articles of food exposed for sale.

4. Pure milk depots.

5. Encouraged "Medical Talks," medical subjects of those pre-eminently nursing topics. (Here let me call the attention of the nurses to the number of affiliated societies whose works are on sanitary and nursing lines.)

One of the very important central committees is the one on public health. Who should or could provide more or better information and help along its lines than the Nurses' Alumnae, and so help to make this section a perfect bureau of experienced and helpful information. Was not Dr. Helen McMurchy's appointment and her very helpful work on "The Feeble-Minded" class of women and girls wholly due to the effort of the Council, and the very valuable assistance she has given has been most fully certified to by both Provincial and Dominion Legislatures.

Some years ago we decided to help the Ontario Nurses (and also other Provinces) to secure Government registration. We asked and secured the promise of co-operation on their behalf from the various Provincial and Medical Associations and others, and also took other steps. By request of the nurses it was decided best to allow the matter to drop for a time. But let it be well understood that should they in time desire the Council's help again it will be given. At the Quinquennial Meeting held in Toronto two years ago (at which there were twenty-seven different nationalities represented) a dozen practising physicians (both sexes), a large number from the nursing profession, editors, lawyers, journalists, agriculturists, etc., were present and all proud to be members of the International and National Councils.

Federated societies begin to recognize the value of the backing of their Councils, the opportunity afforded them of bringing their special line of work before the workers. They report annually and get their propositions on the agenda. Therefore you see as the Nurses' Alumnae Association is in federation, should the assistance of the Councils be wished at any time, their help will be given or at least the request laid before said Councils, and if approved, aid given. Another move in which the International Councils were prime movers was the inspection of school children by medical men and women.

Still others—appointment of female factory and shop inspectors where women and girls are employed; matrons at police stations; introduction of covered patrol wagons; suppression as far as possible of undesirable reading matter through the mails; removal of objectionable posters and signs; registration and inspection of maternity homes; introduction of manual training in schools; introduction of domestic science, and through one of its brightest, most capable and best loved members, the late Mrs. Hoodless, the founding of McDonald Hall, Guelph, a princely gift from Sir William McDonald, where our Canadian girls can be thoroughly instructed in all domestic branches and home economics. Then viewing the question from a higher standard, it should be less "What do we gain?" than "What can we contribute to the general good?"

"The union of all for good of all," it should be. And here you nurses can lend a most helpful hand, for as we before said, your opportunities to do much to uplift are many.

Before closing this very lengthy address, I wish to refer to, I might say, the crowning effort of the Council's many achievements, that is the founding of the Victorian Order of Nurses by our revered Advisory President, Lady Aberdeen. This has proved such a blessing to our country. Several of the graduates of this training school now hold important offices in the Order.

Surely the opening questions of this paper have been answered, and I trust the members of the Nurses' Alumnae now see and feel how helpful you can be as members of the Councils of Women, and also appreciate how the Council can come to your aid when required. MRS. E. YARKER.

London, Ont.

THE SCHOOL NURSE.

On February 1st of this year the Regina Public School Board appointed a school nurse to initiate the sytematic inspection of the children in the public schools.

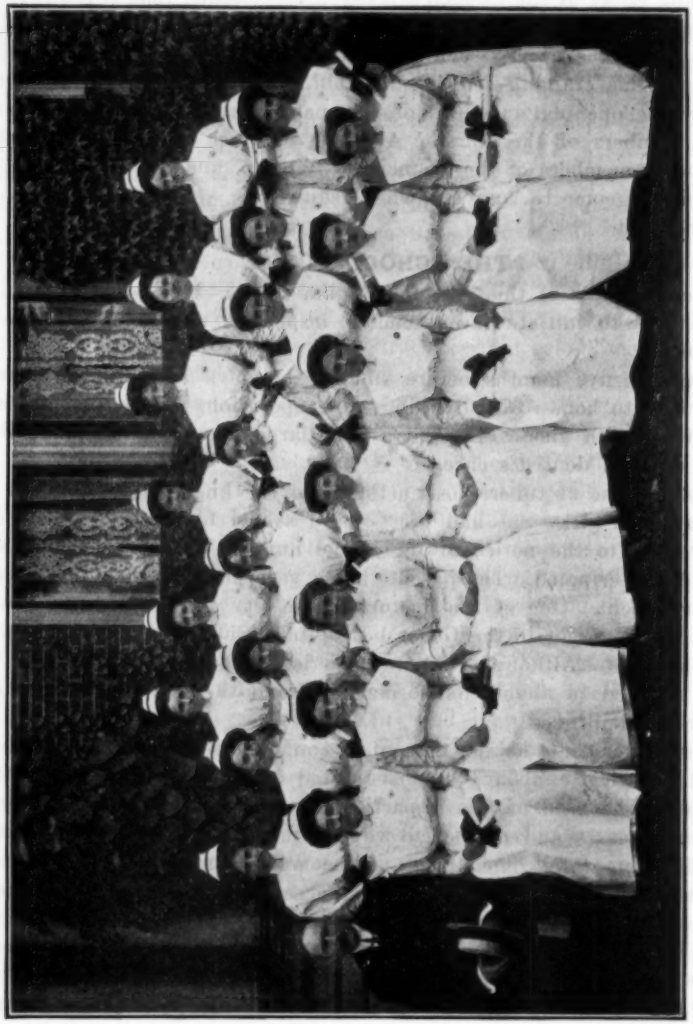
During the five months before summer holidays 1,800 pupils were inspected, visits to homes 376, dressings 207, operations for tonsils and adenoids 24, fitted with glasses 15, and a very large number of school children were put under a dentist's care.

In May a case of tuberculosis arthritis of the knee was dicsovered in a little Roumanian girl. She had been out of school for some months, before it was brought to the notice of the school nurse. When visited, the child was very badly crippled. The parents being very poor were unable to afford medical treatment. One of the doctors in the city volunteered his services, and the child was sent to the General Hospital. She was put to bed and an extension applied. Although the treatment is still being continued, the knee has been reduced to almost its normal size, and the child's general health is wonderfully improved.

As there is no outdoor department in connection with the hospitals here, a complete surgical cupboard has been fitted out and placed in each of the five schools. The need of this is particularly felt in the foreign settlement, where skin diseases and neglected wounds prevail to an alarming extent.

Another important department of the work here is the controlling of minor contagions diseases. In most instances a doctor is not called in for these cases and consequently they are never reported to the Medical Health Office.

The Regina public school can boast of a fairly complete sanitary equipment. In April of this year, sanitary paper towels and soap dishes were placed in all the schools. A sanitary drinking fountain was placed in one of the schools during the summer holidays, and it is expected that similar fountains will be placed in the other schools very shortly. The Board has placed a large number of tooth-brushes at the disposal of the school nurse, so that children coming from poor and ignorant homes may be supplied with these free of charge. Very minute instructions have been given to the caretakers in regard to the cleansing of lavatories and basements, and whenever a child is discovered at school with any contagious disease, the class-room is fumigated before classes are resumed. JEAN E. BROWNE.



CLASS 1911—HAMILTON CITY HOSPITAL.

Top row, from left to right: Ethel Freemantle, Anna V. Kells, Elizabeth F. Bell, C. Marion Still, Elizabeth M. Aitkin, Mary Aitkin. Second row: Catherine E. Flock, Lillian P. MacLeod, Margaret McEachern, Ethel M. Webster, Gertrude Price, Clara E. Walker, Lillian J. Overholt, May Carscallen. Bottom row: Dr. W. F. Langrill, Ada Rothwell, Marion B. Rose, Miss B. M. Simpson, Assistant Superintendent, Miss Madden, Superintendent of Nurses, Mary J. Kennedy, Minnie A. Wilkin, Minnie H. Stewart.

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Editorial

NURSING IN CHINA.

Miss Alice Clark, who is now working in the Shanghai Women's Hospital, writes that three years' training for Chinese girls in the "European manner" has been in vogue in many of the hospitals for some years now. She says:—"One of the girls from this hospital is employed by the municipal council as nurse in their Chinese isolation hospital, and in Hong Kong they have trained maternity nurses who go to nurse lying-in patients in their own homes." At the Shanghai Women's Hospital a four years' training is given, including midwifery and dispensing, and the nurses are trained as anaesthetists, work which they undertake with diligence and conscientiousness. Since it was founded five years ago, two of the nurses have married, one gained an outside hospital appointment, another having finished her training stayed on to learn housekeeping, and yet another is waiting till September, when she hopes to go to the Chinese School of Medicine for Women. Miss Walker is a very great admirer of Dr. Yamei Kin, but she wishes to champion the cause of the many Chinese women who have spent several years in training as nurses in the "European manner."—The Nursing Times.

The Belfast Branch of the Women's National Health Association of Ireland, inaugurated in October, 1907, studied local conditions, and decided to work in three directions: 1st, To promote School Hygiene; 2nd, To attack Infant Mortality; and 3rd, To prevent as far as possible the spread of tuberculosis and to promote its cure.

In all these directions good progress has been made. Much is being done to improve the conditions of the schools. The great desire of the workers in this department is to provide nurses to visit the schools and examine the eyes and ears of the children.

The Committee of the Infant Mortality Section, in trying to stem the death-rate of infants under one year in Belfast, opened the first Babies' Club in Ireland, in March, 1908. A second club was opened in May, 1908, and a third in March, 1909.

A fully trained nurse is employed to visit once a week all babies receiving milk at their homes, and she reports weekly as to these cases, in what condition she has found them and how the milk is kept. The work is showing most satisfactory results. The Tuberculosis Sub-Committee, having regard to the already existing institutions for treating consumption, confine their attention to home treatment. The funds needful were obtained by private subscription, and a Queen's Nurse was appointed at a salary of £100, in December,

1908. During the first year of her appointment, Nurse Percival visited on an average 300 cases a month, which were notified to the committee in various ways, and some of these were passed on to sanatoria, others to the Society for Providing Nurses for the Sick Poor, while the remainder were treated at home. The work has now grown to such dimensions that the services of a second nurse could well be utilized if the funds needful could be raised.—Queen's Nurses' Magazine.

The second annual report of the Heather Club is a very tastefully prepared booklet, giving cuts of the Lakeside Home for Little Children, the beautiful pavilion for tuberculous children and the children who are being cared for there. The report shows that the Club is prospering and doing a most splendid work. Who can estimate what it means to give so many children the chance to be made healthy and therefore happy, useful citizens.

Mr. J. Ross Robertson, ever the friend of the nurses, this year enlarged the pavilion to accommodate fifty children (capacity at first, twenty).

The next step in this noble work, and one which the Heather Club hopes is not too remote, is to secure a winter home for these children so that still better and more effective work can be done. Is there not some one to help with this?

AN EXHIBITION OF SOCIAL HYGIENE.

To commemorate the fiftieth year of Italian Unity an International Congress against Tuberculosis will be held in Rome under the patronage of the King and Queen, in connection with which there will be an Exhibition of Social Hygiene.

Signora Elena Lucifero, President of the Public Health Section of the National Council of Italian Women, in the name of the Executive Committee of the Exhibition, has invited the International Council of Nurses, the National Council of Trained Nurses of Great Britain and Ireland, and the Society for the State Registration of Trained Nurses to participate in the Exhibition.—British Journal of Nursing.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The Anniversary Festival of the Guild was held in London, on Tuesday, June 13th, and was well attended, over 600 tickets being issued.

The Chaplain General's "At Home" for Chaplains, Local Superiors and the Council, and the "Tea" for members, associates and honorary members were followed, at seven p.m., by a service in St. Alban's Church, Holborn, the special preacher being the Lord Bishop of Lebombo, who took for his text Gen. 1:31.

The report of the Council showed:—Eight new branches opened during the year; members, 3,784; associates, 791; priest associates, 156 (including chaplains); medical associates, 26; honorary members, 405; deaths, 29; withdrawals, 81; total on roll, 5,052.

The chairman spoke of the anniversary and gave messages of greeting and regrets for absence from the Bishops of London and Birmingham, the patrons of the Guild. The Bishop of Lebombo (himself a medical man) dwelt especially on the inspiration to be gained from the feeling of belonging to so large a Guild, whose members are now spread over the world. Archdeacon Johnson, of Nyasa, (Universities' Mission to Central Africa) was the next speaker, and was followed by Mr. Stephen Paget, who took for his subject the work of the great Pasteur, and by Canon Holmes, an old friend of the Guild, whose speeches on these occasions are always looked forward to with great interest and pleasure.

The next meeting of the Toronto branch of the Guild will be held October 30th, instead of the first Monday in November, as announced in September.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Kingston; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne Street, Toronto.

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Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to the Canadian Nurse Editorial Board, Miss Jamieson.

Every member of the G. N. A. O. must be keenly alive to the work of registration if anything is to be accomplished this year. The days of rest and recreation will have made you better able to think and plan and work in the interests and for the advancement of the profession. The work necessary to secure registration must be done, not by a few, but by all, every nurse doing her part. "United we will succeed." In no other way can we hope to accomplish anything. "What good will it do me?" None, personally, but you will have the satisfaction of having helped to strengthen and improve the profession and make it mean so much more than it does at present. Do we not need definite standards? Is it not time "Trained Nurse" had a definite meaning? Why should any one who likes claim the designation? Think about these things and you will not be half-hearted in your work for registration.

The treasurer is anxious to have all fees paid as soon as possible.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The regular monthly meeting of the Board of Directors was held in the home of the President, Miss Phillips, at The Foundling and Sick Baby Hospital. There were present Miss Colley, Miss Bullock, Miss DesBrisay, Miss Dunlop, Miss Colquhoun, Miss Hill and Miss White. The list of lectures for the coming year were arranged for and it was decided to ask Miss Crosby to speak to us on the subject of Registration at the November meeting. The Committee desire all nurses in the city and Province who are interested in the question of Registration to attend this meeting, when the matter will be discussed thoroughly. We wish to have the co-operation and support of every trained nurse in our towns and cities. Notice of this meeting will be in the daily papers and we hope for a large attendance.

Dr. Maude Abbott is ill in the Royal Victoria Hospital. Dr. Abbott is a member of our advisory board and we wish her a speedy recovery.

The C. N. A. wish to extend their sympathy to Miss Lynch, of the Victorian Order of Nurses. Miss Lynch recently lost her brother, Dr. Lynch, of Almonte.

Miss Sutherland, who has been ill in the Royal Victoria Hospital, is recovering after an operation for appendicitis.

Miss Amsbury, of Port Hope, recently lost her mother. The Association tenders her their sincere sympathy.

Miss Maxwell has returned from Chicago, where she has taken a course in massage.

The nurses are returning from their holidays and the Registrar is now able to respond to all the calls.

My Scallop Shell of Quiet

Give me my Scallop Shell of Quiet
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage,
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul, like quiet palmer,
Travelleth toward the land of Heaven.

. . . . . .

My soul will be a-dry before,
But, after, it will thirst no more.

LIFE'S MIRROR.

"There are loyal hearts, there are spirits brave,
There are souls that are pure and true;
Then give to the world the best you have,
And the best will come back to you.

Give love and love to your heart will flow,
A strength in your utmost need;
Have faith and a score of hearts will show
Their faith in your word and deed.

For life is the mirror of king and slave,
'Tis just what you are and do;
Then give to the world the best you have,
And the best will come back to you."

MADELINE S. BRIDGES.

RED LETTER DAY IN ISLAY'S HISTORY.

If there is one thing more than another which strikes the visitor to Western Canada it is the delightful optimism and the fellow-feeling (which makes us wondrous kind) of her towns and cities. Edmonton, for instance, Alberta's beautiful Capital, a city which bids fair in the future to rival Winnipeg herself, is still young enough to remember her own beginnings and thus to have every sympathy with the new towns and villages strung like beads upon a string along the lines of those great railways converging on her, while these hamlets in their turn catch fresh civic inspiration every time they lift their eyes towards their Capital

An incident which took place at Islay, on July 19th, during the trip of a large number of the members of the Board of Trade of Edmonton, illustrates very happily the bond which unites that city to all the towns in her commercial jurisdiction.

The little platform was gaily decorated with its infantine bunting in anticipation of the arrival of the special train bearing Secretary Fisher and his colleagues home after their eastern trip. Many members of the Islay Board of Trade, with its Chairman, Mr. Brockenshar, were assembled to offer them a welcome, a box of cigars, and—comically—"the freedom of the city," while a deputation from the recently formed Islay Hospital Board anticipated their coming with the added zest of self-interest. This deputation, indeed, meditated nothing less than a great hold-up of the special train in order to levy contributions from Mr. Fisher and his party for their building fund.

Shortly after twelve o'clock, just when the sun was at its brightest and all the little flags were flapping their wildest in the bright prairie wind news came down that the special was but two miles away! A few minutes later the cars were lined up alongside the platform, a crowd of gentlemen swarmed upon it, and Islay rose to the occasion as one man! Mr. Fisher submitted to be buttonholed, and his party to be harrangued in a manner at once excited, delighted, patriotic, chaotic and mercenary. Edmonton's business men had assuredly never expected so lively a demonstration! While all of them wore a broad smile, they collectively looked much as a big boy looks when he tumbles inadvertently over the little hill of a colony of flustered and excited ants.

If the ants indeed had their wits about them and meant every one of the ringing cheers they called and gave for Edmonton, Mr. Fisher was no less nimble in meeting their expectations. In a flash he invited the deputies of the Hospital

Board to accompany the train for a short distance in order to make a collection from end to end of it and seize the opportunity a little more at their leisure to explain their objects and tender their references.

Delighted at the suggestion, the Islay ants swarmed into the train and under the genial and encouraging aegis of Mr. Fisher proceeded with great despatch to set Edmonton's business men about the ears. Perhaps I should say about the pockets, for there was not a single hand that refrained from diving into depths as deep as Edmonton's prosperity assuredly should dig. The collection we took up was one which surprised us since everything was done on the spur of the moment. Had it not been that Mr. Fisher and his colleagues were unprepared for us, we feel sure that Islay Hospital, from a financial point of view, would have sprung into being twixt Islay and Borrodale! We had a few minutes in the parlor car of which we took advantage to air Islay's oratory. If sincerity of every genial feeling endows the most halting tongue with an eloquence of its own, we must have been very eloquent. Islay thoroughly approved of Edmonton's business men and said so! Islay promised itself the pleasure of reporting to Edmonton about the progress of its hospital, and hoped sincerely to have the gratification before long of inviting these same gentlemen back to the opening ceremony.

Islay is a small town of about 120 inhabitants on the line of the Canadian Northern Railway, between Lloydminster and Vegreville. It is the centre of a large homesteading district and a hospital there would serve the needs of a country perhaps more than a hundred miles square. Up to the present time the town has had no doctor (one has quite recently arrived), no hospital and no district nurse. But it is not at all difficult to substantiate the necessity for a hospital, especially one designed largely in the interests of maternity work. Mrs. Lively, the wife of Gerald J. Lively, Esq., is an English trained nurse with excellent London testimonials and a special certificate in midwifery. She has lived on the prairie in this district for the last five years, and her services would have been in almost constant requisition were it not that she is homesteading on a farm with her husband, rather than pursuing her professional career. Her experience, however, is amply sufficient to establish the necessity of a local hospital.

The Board has invited the co-operation of the Victorian Order of Nurses for Canada, and hopes to be in a position before long to request assistance from the Lady Minto Hospital Fund, administered by the Order. Islay is neither too ambitious nor rash in its scheme. It hopes to build a hospital at a cost of three or four or even five thousand dollars, which will be an ornament to the town and a benefit to the homesteaders, but which will not be a burden and financial white elephant. If possible, however, the hospital will be a free one, in the sense that patients will pay for treatment not according to a fixed charge, but according to their means. The Rev. Mr. Edwards, the local Church of England incumbent, has most charitably interested himself in the scheme and promised to do all in his power to further it. Our Honorary Treasurer is W. B. Cairns, Esq., manager of the local branch of the Merchants' Bank of Canada.

ADA B. TEETGEN (ELIZABETH WALMSLEY),
Secretary to the Islay Hospital Board.

Islay, Alberta, July 19th, 1911.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

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Regular meeting, first Tuesday, 8 p.m.

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Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

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Regular meeting, first Friday, 3.30 p.m.

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Regular meeting, second Thursday, 3.30 p.m.

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The Association meets every six weeks.

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The Graduate Nurses' Association of Ontario.—President Miss Bella Crosby, 41 Rose Ave.; Rec. Sec., Miss E. R. Greene, Hospital for Incurables, Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Asociation.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Mrs. Manson, 630 Sixth St., Harriston.

The Ottawa Graduate Nurses' Association.—President, Mrs. Douglas, 366 Daly Ave, Ottawa; Secretary, Miss Snow, Nurses' Club, Somerset St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Lloyd, Durham, Ont.; Sec., Miss North Harriston.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Miss J. J. Frew; Cor. Sec., Miss M. Walker, 263 Grange St.

The Hamilton City Hospital Alumnae Association.—President, Miss N. J. Burnett; Cor. Sec., Miss Etta McLeay, The Mountain Sanatorium.

The London Victoria Hospital Alumnae Association.—President, Miss Lyons; Sec., Miss Roche, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy. Mrs. W. J. Crothers, Jr., 86 Barrie St.

The Montreal General Hospital Alumnae Association.—President, Miss K. H. Brock, 59 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Brown, 26 Melbourne Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association. — President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association—President, Miss L. Tuck; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 569 Bathurst St.

The Toronto General Hospital Alumnae Association.—President, Miss Julia Stewart, 12 Selby St.; Cor. Secy., Mrs. N. Aubin.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 505 Sherbourne St.; Secretary, Miss Allen, 71 Grenville St.

The Toronto Graduate Nurses' Club.—President, Miss Connor, 418 Sumach St.; Sec., Miss E. Ross Greene, Hospital for Incurables.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss B. Goodall, 666 Euclid Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell, 125 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.

The Winnipeg General Hospital Alumnae Association. — President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Burnaby St.; Secretary, Miss Ruth Judge, 811 Thurlow St., Vancouver.

The Vancouver General Hospital Alumnae Association. — President, Miss M. Beharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.

The Victoria Trained Nurses' Club—President, Miss Keast, Cranberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

The Florence Nightingale Association, Toronto.—President, Miss M. A. McKenzie; Secretary, Miss J. C. Wardell, 97 Delaware Ave.

Nicholl's Hospital Alumnae Association.—President, Miss Dixon, 501 Water St.; Secretary, Mrs. Jackson, 567 Paterson St.

HOSPITALS AND NURSES

Miss Gauld has returned to Winnipeg after spending a month in the east, visiting St. Catharines, Buffalo and Toronto.

Miss Brighty and Miss Woods, Winnipeg, are touring Europe with a party of nurses and teachers.

Miss Grey and Miss Elerington, graduates of Winnipeg General Hospital, are spending their holidays in Vancouver.

Mrs. Hugh MacKay and son are visiting in Ireland, while Dr. MacKay is attending the clinics in some of the large hospitals in England. Mrs. MacKay is a graduate of General Hospital, Winnipeg.

Miss Lottie Kelly, who has just completed her post-graduate course in the Woman's Hospital, New York, left for Souris, Manitoba, where she will take up private work.

Miss Regan, Superintendent of St. Joseph's Hospital, Port Arthur, and Miss Blackmore, Night Supervisor of McKellar Hospital, Fort William, have returned from a trip to Vancouver, visiting several western cities en route.

Miss Patterson, of the McKellar Hospital staff, has returned from Battle Creek and Detroit.

Miss Betts, McKellar Hospital, has returned from Kenora and Winnipeg.

Miss Elliott, McKellar Hospital, has returned from Kenora.

Miss Fime, Port Arthur, has gone to Vancouver, B. C., to take up private work.

Miss E. M. Lawler, Superintendent of Nurses, Johns Hopkins Hospital, Baltimore, and late Assistant Superintendent, General Hospital, Toronto, has returned to Baltimore after spending a few weeks with her mother in Toronto.

Miss Alice Stewart, T. G. H., '96, Superintendent Allegheny Hospital, Pittsburg, was in Toronto for a few days during August.

Mrs. Arthur Barrett, nee Taylor, class '95, T. G. H., of Port Rowan, was the guest of Miss Annie I. Browne, 85 Bismarck Avenue, Toronto.

Miss Jessie Watson, Cambridge, Mass., class '96, T. G. H., is the guest of Mrs. J. W. Martin, Crawford Street, Toronto.

Miss Jean McCallum, graduate of Kingston General Hospital, class '10, has been appointed School Nurse for Kingston by the Board of Education.

Miss C. H. McKay, graduate of Royal Victoria Hospital, Montreal, in charge of the operating room at the Vancouver General Hospital, has gone East for a three months' vacation. Her place will be filled during her absence by Miss Quigley, graduate of Vancouver General Hospital.

Mrs. Bert Wilson (nee Canfield) and son Bruce are spending a few days with Mrs. R. S. Dunn, St. Catharines.

Miss Glass has been appointed Head Nurse in G. & M. Hospital, St. Catharines.

Miss Margaret Moag, graduate of Kingston General Hospital, who underwent an operation for appendicitis at her home in Smith's Falls, Ont., has resumed her professional duties on the Board of Health, Detroit, Mich.

Miss Cobb, graduate of Winnipeg General Hospital, is doing private work in Golden, B. C.

Miss Newcombe and Miss Coltart were the guests of honor at a reception held the other night in the Nurses' Home. They are the first graduates of the General Hospital to enter the medical missionary work in foreign fields. Miss Newcombe sails for West China from Vancouver on October 4th. She will undertake nursing and the training of native nurses at a Methodist station near Thibet. Miss Coltart goes under Presbyterian auspices to India. The Nurses' Alumnae Association was the hostess at last evening's farewell, and Mrs. Margaret Scott was in charge of the prettily decorated tea table.

At Bangor, on Tuesday last, the Lord Lieutenant of Carnarvon opened Bryn-y-Menai as a Home of Rest for Queen's Nurses. The house and grounds, which are beautifully situated on the banks of the Menai Straits, were left to the Council of the Institute by Miss Harriet Hughes for the use of Queen's Nurses who are in need of rest or while convalescent. Ten inmates can be accommodated, and Miss Goodwin, formerly superintendent of the Woolwich Queen's Nurses' Home, is in charge.—The Nursing Times.

The graduating exercises of the Grace Hospital Training School for Nurses, Toronto, were held on the afternoon of June 21st, in the Metropolitan Assembly Rooms.

Dr. Stevenson occupied the chair. The Rev. Professor Ballantyne of Knox College opened the proceedings with prayer. Dr. C. K. Clarke, Superintendent of Toronto General Hospital, addressed the graduating class.

After the presentation of diplomas, pins and special prizes, a reception and garden party were held at the Nurses' Residence, 216 Huron Street.

The following nurses received their diplomas:—Mary Florence Bell, Pincher Creek, Alta.; Sarah Dale, Toronto; Annie Mabel Comley, Collingwood; Ethel May Noble, Toronto; Ida May Shier, Uxbridge; Pearle E. Wood, Port Hope; Florence M. Rutherford, Bolton; Beatrice Blewett, Peterborough; Mary E. Stephens, Port Hope; Jessie Harvey Russell, Midland; Maude Elena Chambers, Toronto.

The VanderSmissen medal was awarded to Miss A. M. Comley, and the prize for neatness to Miss F. M. Rutherford.

The Annual Meeting of the Alumnae Association of the Mack Training School for Nurses, St. Catharines, was held at the Nurses' Home on August 30th, 1911. The attendance was small. The same officers were returned:—President, Miss Tuck; First Vice-President, Mrs. R. S. Dunn; Second Vice-President, Mrs. (Dr.) Rykert. Three new members joined:—Miss McPhee, Miss La Ree and Mrs. D. M. Muir. Mrs. Muir is a niece of our beloved founder, Dr. Mack. It was decided to hold monthly meetings on the first Wednesday evening of each month. Will members kindly note this. It was also suggested that the Alumnae furnish a room in the new hospital which is to be opened October 1st. Dr. Curry gave a very interesting paper on Tuberculosis, after which the members adjourned to the dining-room, where they were entertained at tea by the Superintendent, Miss Uren.

On August 3rd at the special meeting of the Nova Scotia Graduate Nurses' Association, a large audience had the privilege of hearing a most interesting address on "State Registration for Canadian Nurses."

The meeting was held at the Nurses' Home of the Victoria General Hospital and was open to the public.

Amongst those present were Miss Pope, Royal Red Cross; Miss Eaton, of the Canadian Army Nursing Service; Miss Fraser, R. N., Superintendent of the H. C. H.; representatives of the Victorian Order of Nurses and others.

Miss Pemberton presided and introduced the speaker, Miss McKenzie, General Superintendent of the V. O. N. in Canada.

Miss McKenzie expressed pleasure in having an opportunity of addressing a provincial association, of which she had the honor of having been elected an honorary vice-president.

State registration, she said, was a subject now agitating not only the Dominion of Canada, but civilized countries throughout the world. For twenty years Great Britain had been striving to obtain for its nurses the advantages of legislation which had for a number of years been operating with such excellent results in New Zealand and other colonies.

The object of registration is to distinguish a trained from an untrained nurse, thus affording protection not only to the medical and nursing professions but also to the public.

To broaden and systematize the training of nurses, to elevate the standard and to keep it elevated.

There is an ever increasing demand on the nursing profession, new openings occurring especially along the lines of social service. It is difficult to find the proper people to fill them. When a standard is once established a better class of women will be attracted to the profession.

A training school might now be established consisting of a hospital containing one bed. Nurses may be engaged, discharged after a few years' service provided with a medal and diploma. Of what use would their experience be to themselves or their patients?

Opposition to registration was largely due to the conservative character of the Canadian people. They are cautious and unwilling to adopt a new and unfamiliar measure. There is also the opposition of hospital boards, often on the plea of economy and very often in absolute ignorance of the injustice done to their nurses. Probationers are accepted to work in hospitals where there is no opportunity of providing an adequate course of training. This difficulty might be overcome by the affiliation of nurse training schools.

Misunderstanding is the cause of much opposition. State registration conveys to many the idea of a trade union, a band of selfish women desiring to exclude all untrained nurses from practising. It had been asserted on one occasion, that if this act were passed, a women would be debarred from nursing her own mother if she were ill! (Laughter.)

The indifference of nurses themselves was a serious hindrance to progress. A nurse should lose no opportunity of keeping herself informed regarding registration and of enlightening others. The initiative movement must come from the nurses.

State registration had been adopted and become law in twenty-four States of America. In other States where nursing was still in chaotic condition, the doctors were begging nurses to organize associations and appeal for registration.

The difficulties of opposition must be overcome. The public must be educated and enlightened. Legislation should be made a feature of all meeting addresses.

Reports should be sent to medical and nursing journals and to the public press.

Private nurses had excellent opportunities for diffusing information. Pupil nurses should be taught their obligations to the public and should be trained to be professional women, prepared for registration.

A good bill should be under a recognized authoritative department. Being an educational measure it should be under the education department; should provide for preliminary training, the length of the course, the number of hospital beds that would constitute a training school, or better still, the daily average number of beds occupied, a well balanced curriculum (a usual course of training made provision for instruction in at least five subjects—medical and surgical nursing, obstetrics, dietetics and the care of children).

The Council might consist of nurses only, or of doctors and nurses, or of what was known as a medical council. In either case the board of control would be in the hands of the nurses who understood the needs of their profession. Examinations should also be arranged for.

Each provincial bill should make provision for the recognition of its R. N. degree in other provinces. Then there was what was commonly known as the waiver, a time of grace for practising nurses to register before the provisions of the act were enforced.

In addition to qualifications, there would be the question of character, also provision for penalties, and for what misdemeanors a nurse might be deprived of her R. N. title.

Look ahead five years and consider the effects of a good Bill. We must not expect to find it a panacea for all our woes, not by any means. But we may expect to find standards raised.

The doctors and the public would know what they were getting. Nurses would be better trained, training more uniform, and the course really educational. Larger hospitals would be less selfish and more willing to affiliate with smaller institutions. There would be much improvement in the care of the sick.

Dominion registration could only be obtained by the provinces preparing local bills and care should be taken that these bills were good ones.

Good work had been done in British Columbia. The bill to be presented at the next session of legislature was a good bill.

Nova Scotia had made a good beginning. The act of incorporation of the Graduate Nurses' Association of Nova Scotia was the best that the speaker had read. (Applause.)

It was now needful to increase the association and to appoint a registra-

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tion committee, that each nurse might act as an educative force in her own community.

The address was followed by an interesting discussion.

Amongst the speakers were Miss Pope, Miss Fraser, Miss Eaton and Miss Graham. Miss Pope spoke of the injustice so often done by training nurses in small institutions where no means could be offered of obtaining an adequate experience. Instances were given of how this difficulty had been remedied in Washington by an affiliation of special hospital training schools.

The secretary, Miss Kirke, gave a most interesting account of her own experience as Superintendent of a small training school in the State of North Carolina, and the benefits that were derived from legal registration in that State.

Very hearty votes of thanks were offered to Miss McKenzie, also to Miss Kirke for having so kindly procured the members the privilege of meeting at the Nurses' Home.

The nurses singing the national anthem concluded the meeting.—The Evening Mail, Halifax.

Miss A. D. Allan, who left Dundee four years ago to take up nursing in Canada, has just won the highest final nursing award at the Regina General Hospital, Saskatchewan. Miss Allan has at the same time obtained the general proficiency prize, given to the nurse "obtaining the most excellent standing from the time she enters the hospital to the time she leaves it." The Lieutenant-Governor of the State made the presentation, and remarked that "the course which Miss Allan had completed not only ascertained what educational qualifications the candidate might have for nursing, but was a test of all the characteristics that made for the best of true womanhood.—The Nursing Times.

A new Tuberculosis Dispensary, known as the P. F. Collier Memorial Dispensary, was opened in Dublin in July by King George. The dispensary is well-equipped and thoroughly up-to-date and will greatly facilitate the work of the Tuberculosis Committee.

Miss Isabel MacIntosh, graduate Hamilton City Hospital, class '10, has gone to the Woman's Hospital, New York, for a post-graduate course.

At the end of the winter courses in the Swedish system of Massage, Medical and Corrective Gymnastics, Electro and Hydro-Therapy the following students received their diplomas at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa.:—Priscilla Taylor, Saranac Lake, N. Y., Boothby Surgical Hospital, Boston, Mass.; Etta Trichler, Altoona, Kans., Cushing Hospital, Leavenworth, Kans.; Anna H. Judd, Kansas City, Mo., Nurses' Training School, Kansas City, Mo.; Etta B. Propst, Corliss, W. Va., Baltimore City Hospital, McKendree Hospital; Lillian F. Finnigan, Fitchburg, Mass., Burbank Hospital; Alice Hamilton, Springfield, Mass., John Stratford Hospital, Brantford, Can.; Elizabeth C. Jamison, Mount Holly, N. J.; Henry J. Scheid, D. O., Erie, Pa.; Otis P. Holt, Du Bois, Pa. The summer class opens on

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July 11th, 1911; the fall classes in two sections on September 20th and November 15th, 1911.

The Misses Ethel O. and Eva M. Rea, of Saginaw, Mich., both graduates of St. Mary's Hospital, Saginaw, Mich., and of the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., have opened the Saginaw Mechano-Therapy Sanatorium, the first and only institution for the practice of physiologic therapeutics in Saginaw.

CORRESPONDENCE

To the Editor of "The Canadian Nurse."

Dear Madam,—How true it is that eighty per cent. of the knowledge that comes to us comes through the eye. The article on "The Canadian Nurse" brought to my notice the real state of things in regard to making a success of the journal, in making it interesting to all—a national magazine.

It is very easy to find fault with the Board of Directors, the journal, the size and quality of it, but what is the reason that it is perhaps "undersized and anaemic" as Miss Christie says? Is it not because everybody withholds her individual help, is either indifferent, procrastinating or diffident? Without for a moment ascribing the criticism at the recent convention to a captious spirit, I feel sympathy for those who have made the effort and borne the wear and tear of the last six and a half years. If even a few are stimulated to do something on account of the criticism and the subsequent discussion, the result may prove how salutary, if not absolutely necessary, is the annual convention of nurses.

We want a representative journal, and we are our own handicap by withholding our quota. I recall having received a letter from the editor nearly three years ago (and again within the last six months) requesting contributions of articles on cases, experiences, useful appliances, practical points, etc., etc., to which I must plead guilty of having given little attention. Perhaps I was intimidated at the idea of such humble efforts as I should be capable of being paid for. There must be many, however, who could earn a fair competence by writing for our journal. As I am not gifted in this way, I must limit myself to asking questions, or making suggestions, occasionally, if you have a "query column" or "practical points" or a "letter-box."

I may say in closing that I shall endeavor to persuade others to lend a hand in the good work by contributing to it of their genius. I confess to not having formerly understood the business basis of "The Canadian Nurse" fund. I take pleasure in adding my mite. Wishing "The Canadian Nurse" success and long life, I am, faithfully,

A SUBSCRIBER.

1. What is meant by the assertion I saw in a nursing journal recently, that "It requires three (3) days to make saline solution properly"?

2. Give a good umbilical cord dressing. Why is it that so often the cord is so long in falling off, when a dry, careful dressing has been done daily?

3. What is the best treatment for fissured nipples?

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Applications for the position of Lady Superintendent of Victoria Hospital, Prince Albert, Saskatchewan, will be received by me, up to and including the 16th of October next. Duties to commence 1st December. The Hospital has 70 beds, fully equipped operating room, good surgical, medical, obstetrical and contagious service. Applicant must be capable of taking charge of training school.

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Secretary-Treasurer

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4. Will some of the nurses give us their views on a fixed tariff or fees for nurses and the sliding scale, and oblige,

AN INQUIRER.

Dear Editor,—Will you kindly give space to the enclosed information in the earliest possible number of "The Canadian Nurse."

In behalf of the Calgary Association of Graduate Nurses I would like to warn any of our sister nurses in the East who may be susceptible to an attack of Western fever, not to be in too great a hurry to yield to it. We in the West are nothing if not broad-minded, and having felt the "call" ourselves, have every sympathy with others who feel it, but there is a limit to our needs in this line out here, and the past few months have made it apparent that, for the present at least, that limit has been reached.

Our Calgary registry is now running on a good systematic basis, and we may safely say is giving satisfaction, being testified to by calls from all over Southern Alberta and into British Columbia, on the Crow's Nest line, and as far north as Red Deer, and points east of there. Unfortunately there is perhaps more than the usual number of under graduates in the field. We are quite alive to the need of Registration out here, and since we have now gotten our local association affairs into better shape, we hope to make some headway during this year towards at least finding out what we want in our Bill, and how to go about getting it. For experience and co-operation we are somewhat handicapped by the transient habits of our membership, and even the hospitals are continually changing heads, the positions being always so strenuous that it is seldom a nurse can stand, for any length of time, the all-round strain upon her capacity, and still maintain a standard training school

The private nurse, though on the whole well paid, is apt to be obliged, (in order to keep the domestic wheels going, and her patient as free from worry as humanity prompts her,) to fill almost any conceivable gap from milk-maid up, or down. Domestic help, even in the towns, is at the highest possible premium.

But thanks to the contagious optimism of the West, these things do not usually daunt us, as we find a great satisfaction in the fact that when we are wanted, we are actually needed, and there is little of the chronic or neuresthenic work so prevalent back East, and so depressing to the nurse. Physical strength and courage are more called for here, than ability to cater to imaginary ills.

We do not wish to unduly frighten nurses away from this glorious country, for such it is, but we repeat, that at present, as far as Southern Alberta is concerned, we are in a position to say that they are coming too fast to insure work for all. Last autumn was an exceptionally busy one on account of the extensive typhoid epidemic, and the severe winter, attended by a large amount of grippe, and pneumonia during the spring, kept the registry busy, but June and July were very quiet months, and even now there is no particular rush.

"plain words for facts and facts convince.

In the practice of medicine, results count and as pain is the foremost symptom which induces the doctor's call, its prompt relief is the most convincing argument of his ability.

Pain, one of the cardinal symptoms of inflammation, is the result of nerve pressure from infiltrated tissues. Its relief by the application of hot moist heat, so superiorly presented in the form of antiphlogistine, is prompt and positive.

In Tonsilitis, Bronchitis and Pleuritic involvements, the results obtained by the use of antiphlogistine have convincingly demonstrated its value over other forms of applying moist heat, and the reliance and confidence accorded it by the medical profession are but a further proof of its superior therapeutic worth."

So we feel it is only fair to warn the East that there may be long waits, and heavy expenses in store for the newcomer, even though as a member of the Calgary Association she has, barring special calls, her turn on the list as fairly as any older member. F. S.

A nurse who holds an important position in one of the New York Training Schools writes to express her appreciation of "The Canadian Nurse," and adds: "I would like to call the attention of your readers to 'Drugs and Solutions,' by Julia C. Stimson, R.N., Superintendent of Nurses, Harlem Hospital. New York. This is a book every nurse should possess. It contains just what every nurse should know of materia medica in the simplest possible form, and is particularly helpful to nurses preparing for registration. Published in December, it is already adopted by many of the largest American Training Schools." (This books was reviewed in May number.)

A slice of bread with the crusts trimmed off may be dampened with cold water, sprinkled over with ground mustard, covered with a thin cloth, and used as a mustard-plaster when needed very quickly and the usual things are not at hand. (This blisters the skin more readily than the plaster made with white of egg.)

A convenient night-light for a sick-room in a country house in which there is neither gas nor electricity may be invented by hanging a lantern from a hook screwed into the bottom of an upper window-sash on the outside. The light within the room may be regulated by raising or lowering the shade. This obviates the heat and odor from an ordinary lamp in the room.—The Nurses' Journal of the Pacific Coast.

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MARRIED.

READ—EVANS—In Christ's Church, Holland Landing, on Tuesday, July 18th, by Rev. E. J. Taylor, Esther E. Evans to Mr. Guy Carleton Read, of Toronto.

Miss Evans is a graduate of Hamilton City Hospital, class '06.

HANNA—BEATTY—On July 21st, Miss Evelyn Beatty (Graduate Toronto General Hospital) to Mr. Hanna, Druggist, Toronto. Mr. and Mrs. Hanna will reside at 4 Walter Street, Toronto.

BIRTHS.

KILGOUR—In Ninga, Manitoba, on June 19th, to Mr. and Mrs. J. W. Kilgour, a son.

Mrs. Kilgour (nee Isabel A. Currie) is a graduate of Hamilton City Hospital, class '05.

ROGERS—At Winnipeg, on April 19th, 1911, to Mr. and Mrs. E. G. Rogers, a daughter. Mrs. Rogers (nee May Watson) is a graduate of the Hospital for Sick Children, Toronto.

FOSTER—At 270 Carlton Street, June 23rd, to Mr. and Mrs. Phil. Foster, a son. Mrs. Foster (nee Sady Seaby) is a graduate of Riverdale Hospital, Toronto, class '09.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

War Office, London, S.W., 14th July, 1911.

The following ladies have received appointments as Staff Nurses:

Miss A. M. Rice, Miss G. E. Vernon, Miss E. Bulfin, Miss A. G. Dempster, Miss E. M. Long.

Transfers to Stations Abroad—Staff Nurses.

Miss S. W. Wooler, to Egypt, from Netley; Miss B. M. Nye, to Egypt, from Tidworth.

Promotions.

The undermentioned Matron to be Principal Matron: Miss S. E. Oram, R.R.C.

The undermentioned Sisters to be Matrons: Miss G. E. Larner, Miss S. Lamming.

E. M. McCARTHY,
For Matron-in-Chief, Q.A.I.M.N.S.

APPOINTMENTS, PROMOTIONS AND RETIREMENTS.

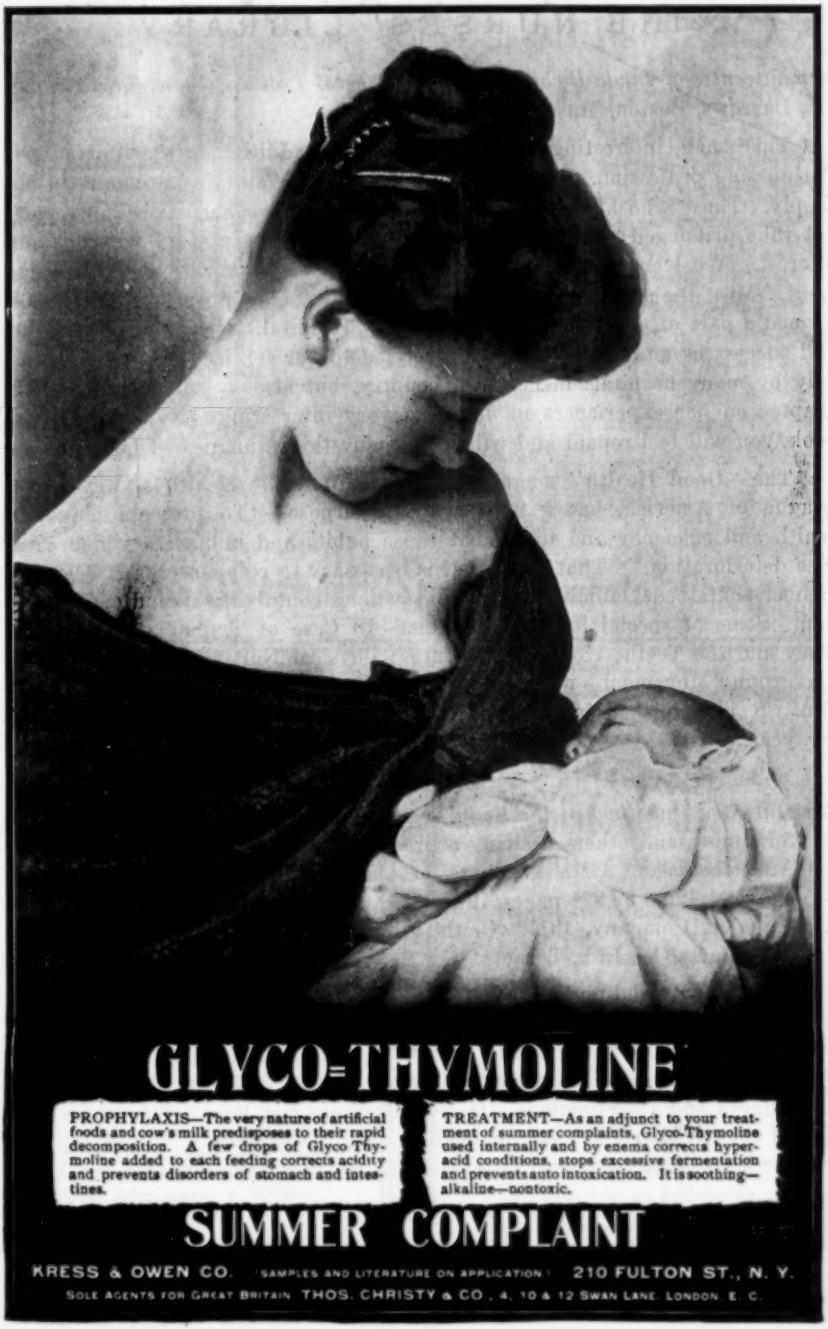
Canadian Militia.

Headquarters, Ottawa, 6th June, 1911.

To be Nursing Sisters (supernumerary): Miss Margaret C. Kennedy, 11th May, 1911; Miss Jean Johnston, 11th May, 1911; Miss Lyda Norton, 16th May, 1911.

By command,

F. L. LESSARD
Colonel, Adjutant-General.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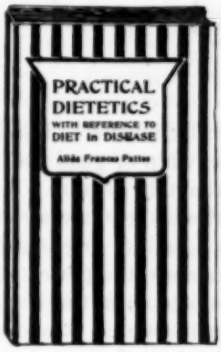

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